

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2008 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)	Docket Number (Optional) 03702/0205073-USO
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Application Number 10/596,827-Conf. #1997	Filed June 26, 2006
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For OCTAHYDRONAPHTHALENE DERIVATIVE AND MEDICINE

Art Unit 1625	Examiner P. L. Morris
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This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	Fee	Small Entity Fee	
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ 120.00
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$460	\$230	\$
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1050	\$525	\$
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1640	\$820	\$
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2230	\$1115	\$

☐ Applicant claims small entity status. See 37 CFR 1.27.

☐ A check in the amount of the fee is enclosed.

☒ Payment by credit card.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 04-0100.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PT O-2038.

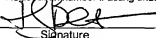
I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.

☒ attorney or agent of record. Registration Number 44,528

☐ attorney or agent under 37 CFR 1.34.

Registration number if acting under 37 CFR 1.34


Signature

Thomas J. Bean

Typed or printed name

December 26, 2007

Date

(212) 527-7712

Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.